



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Donald G. Eaves, D.C.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-17-1973-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

February 27, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "It is my standing that this bill should be honored as out-of-network approval was received and attached to the reconsideration request and for the reason that the approved treating doctor referred the patient for this evaluation."

Amount in Dispute: \$1,150.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Texas Mutual claim ... is in the Texas Star Network ... Texas Mutual reviewed its online Texas Star Network provider directory for the requestor's name and for its tax identification number, and found no evidence D G EAVES DC is a participant in that Network."

Further, Texas Mutual has no evidence the requestor, a non-network provider, received out of network approval to provide the service or treatment of 8/15/16 ... Instead, the requestor provided an out of network authorization letter from Coventry Workers' Comp Services, who provides this service for the Texas Star Network. This letter is dated 8/29/16 and states in part, 'This approval will be in effect for one-year from the date of this letter.' Thus, the service provided by the requestor predated the out of network authorization...

Because this fee reimbursement dispute involves a Network requirement under the Insurance Code and not the Labor Code, Texas Mutual argues DWC MDR has no jurisdiction in this matter."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 15, 2016	Examination to determine MMI/IR by a referral doctor	\$1,150.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.1 defines the sections that are not applicable to claims subject to a workers' compensation health care network established under Insurance Code Chapter 1305.
3. Texas Insurance Code Chapter 1305 sets out the procedures for network claims.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - CAC-243 – Services not authorized by network/primary care providers
 - 727 – Provider not approved to treat Texas Star Network claimant.
 - CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 724 – No additional payment after a reconsideration of services.

Issues

1. Are Texas Mutual Insurance Company's reasons for denial or reduction of payment supported?
2. Is this dispute eligible for medical fee dispute resolution pursuant to 28 Texas Administrative Code §133.307?

Findings

1. Donald G. Eaves, D.C. is seeking reimbursement of \$1,150.00 for a "post DDE alternate evaluation." Texas Mutual Insurance Company (Texas Mutual) denied the disputed services with claim adjustment reason codes CAC-243 – "SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS," and 727 – "PROVIDER NOT APPROVED TO TREAT TEXAS STAR NETWORK CLAIMANT."

Review of the submitted documentation supports that the claim involved in this dispute is part of the Texas Star Network, established under Texas Insurance Code 1305. 28 Texas Administrative Code §133.1 (a) states:

This chapter applies to medical billing and processing for health care services provided to injured employees subject to a workers' compensation health care network established under Insurance Code Chapter 1305, and to injured employees not subject to such networks, **with the following exceptions pertaining only to health care services provided to an injured employee subject to a workers' compensation health care network established under Chapter 1305:** (1) Subchapter D of this chapter (relating to Dispute of Medical Bills) [emphasis added].

Texas Insurance Code Section 1305.006 states, in pertinent part, "(3) health care provided by an out-of-network provider pursuant to a referral from the injured employee's treating doctor that has been approved by the network pursuant to Section 1305.103."

Texas Insurance Code Section 1305.103 requires that

- (e) A treating doctor shall provide health care to the employee for the employee's compensable injury and shall make referrals to other network providers, or request referrals to out-of-network providers if medically necessary services are not available within the network. Referrals to out-of-network providers must be approved by the network. The network shall approve a referral to an out-of-network provider not later than the seventh day after the date on which the referral is requested, or sooner if circumstances and the condition of the employee require expedited approval. If the network denies the referral request, the employee may appeal the decision through the network's complaint process under Subchapter I.

Dr. Eaves has the burden to prove that the appropriate approved out-of-network referral was obtained for the out-of-network healthcare he provided. Dr. Eaves argues in his position statement that "out-of-network approval was received and attached to the reconsideration request."

Submitted documents include a letter from Coventry Workers' Comp Services. The letter is dated August 29, 2016 and titled, "Out of Network Authorization to Treat Injured Worker Covered by the Texas Star Network." The letter states that "This approval will be in effect for on-year from the date of this letter." The division finds no provision in the letter for dates of service prior to the date of the letter. The division concludes that

Dr. Eaves has failed to meet the requirements of Texas Insurance Code Section 1305.103. Therefore, the Texas Mutual's denial reasons are supported.

2. The division finds that Dr. Eaves failed to prove in this case that that the requirements of Texas Insurance Code Section 1305.006(3) were met. Consequently, the services in dispute are not eligible for medical fee dispute resolution pursuant to 28 Texas Administrative Code §133.307.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

_____	Laurie Garnes	May 2, 2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.